

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Application No.: To be assigned  
 Filing Date: Concurrently herewith  
 Attorney Docket No.: US20020356  
 Inventor Name(s): Thomas Haft et al.  
 Title: DISHWASHER LIQUID DELIVERY SYSTEM

Express Mail Label No. EV118532648 US

**APPLICATION ELEMENTS**

**ADDRESS TO:** Mail Stop Patent Application  
 Commissioner for Patents  
 Alexandria, VA 22313-1450

- Fee Transmittal Form
- Patent Application data Entry Form
- Specification comprising (18) pages, (26) claims.
- Drawings (Five) (5) sheets
- Declaration and Power of Attorney

**ACCOMPANYING APPLICATION PARTS**

- Assignment Papers (cover sheet and document(s))
- Information Disclosure Statement (IDS)/PTO-1449
- Copies of IDS citations
- Preliminary Amendment
- Return Receipt Postcard
- Other:

**IF A CONTINUING APPLICATION**

Non-Provisional or Provisional    Continuation    Divisional    Continuation-in-Part (CIP) of  
 prior application No:      Filed:

**CORRESPONDENCE ADDRESS**

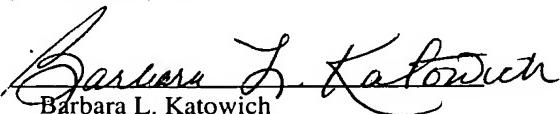
Name	WHIRLPOOL PATENTS COMPANY – MD 0750				
Address	500 Renaissance Drive Suite 102				
City	St. Joseph	State	Michigan	Zip Code	49085
County	Berrien	Telephone	269-923-6439	Fax	269-923-5778

Name	John F Colligan	Registration No.	Date
Signature		48,240	12/12/03

**CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Commissioner for Patents, Alexandria, VA 22313-1450.

Date: 12-12-03

  
Barbara L. Katowich

17119 U.S.PTO  
121303**FEE TRANSMITTAL FORM**Total Amount of Payment **\$878.00**

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CLAIMS AS FILED - PART I			OTHER THAN SMALL ENTITY		
	Number Filed		Number Extra	Rate	Fee
Basic Fee	1		0	\$770.00	\$770.00
Total Claims	26	-20	6	x \$18 =	\$108.00
Independent Claims	2	-3	0	x \$86=	0
			TOTAL FEE =		\$878.00

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20		\$18	
Independent Claims		Minus			\$86	
			TOTAL FEE =			\$

AMENDMENT B	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20	0	\$18	0
Independent Claims		Minus	3	0	\$86	0
			TOTAL FEE =			0

**SUBMITTED BY:**

Name

JOHN F. COLLIGAN

Registration No. 48,240

Signature

Date: 12/12/03

Charge Deposit Account No. **23-1660** in the amount of **\$878.00**

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account **23-1660**.